### Corp logo white paths**Application for admission to**

**a Surrey community or voluntary**

**controlled nursery in September 2021**

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**Epsom Primary and Nursery School**

**Pound Lane, Epsom, Surrey, KT19 8SD**

**01372 720 608**

[**admissions@epsom.surrey.sch.uk**](mailto:admissions@epsom.surrey.sch.uk)

In order to be considered in the initial allocation of nursery places this form should be returned to the above address by 31st January 2021

* Please note that completing this form does not guarantee a place.
* Governors will consider applications received by the deadline date in accordance with the nursery admissions policy.
* Please read the nursery admissions policy before completing this form.
* Please fill in the form in block capitals and sign it.
* Please return to the school by the closing date.
* You will be notified by the school if your child has been allocated a place after the closing date.
* Please contact the school if you have any queries concerning the completion of this form.

1. **Child’s details**

|  |  |
| --- | --- |
| **Child’s surname** |  |
| **Child’s first name** |  |
| **Child’s middle name(s)** |  |
| **Child’s date of birth** | ……..…/….....…/………… |
| **Which term would you like your child to start nursery?** | Autumn / Spring / Summer term  (please delete as appropriate) |
| **Gender** | Male / Female |
| **Child’s home address** (this must be the child’s normal place of residence and not a relative’s or carer’s address) | **Postcode:** |

1. **Children in public care**

|  |  |
| --- | --- |
| **Is the child in the care of a local authority?** | Yes / No |
| **If no, has the child previously been in care and did they leave care through adoption, a child arrangements order or a special guardianship order?** | Yes / No |
| **If you have answered yes to either of these questions, please state the name of the local authority and provide evidence with your form** |  |

1. **Social or medical needs**

|  |  |
| --- | --- |
| **Does the child have a social or medical need for a place at this nursery?** | Yes / No |
| **If yes please provide details** |  |
| **Please continue on a separate sheet and provide independent evidence to support your case** | |

1. **Siblings**

|  |  |
| --- | --- |
| **Will the child have a sibling attending the nursery or the main school at the time of admission?** | Yes / No |
| **If yes please confirm the name and date of birth of the sibling(s)** |  |

1. **Parent/guardian/carer’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** | |  | | | | **Surname** | |  | | |
| **Address** (if different from child’s address) | | | | | | | | **Postcode:** | | | | |
| **Telephone numbers:** | | | | | | | | | | | | |
| **Day** | | | | | | | **Evening** | | | | | **Mobile** |
| **Email address** | | | | | | |  | | | | | |
| **Do you have parental responsibility for this child?** | | | | | | | | | | | | **Yes / No** |
| **Relationship to child:** | | | | | | | | | | | | |
| 🞏 Mother 🞏 Father 🞏 Step parent  🞏 Carer 🞏 Social worker 🞏 **\***Other relative ..........................  🞏 **\***Other contact .............................. **\***Please add more details | | | | | | | | | | | | |
| **Additional contact** | | | | | | | | | | | | |
| **Title** |  | | **First**  **name** | |  | | | | **Surname** | |  | |
| **Relationship to child:** | | | | | |  | | | | | | |

**3 and 4 Year Olds Nursery Place**

1. **Preference of Sessions (please mark 1st,2nd 3rd choice)**

|  |  |
| --- | --- |
| **I will be eligible for 30 hours and would like a full time place**  **Mon – Fri 9am-3pm** |  |
| **15 hours** *(all 3 and 4 year olds are entitled to 15 hours free funding the term after they turn 3 years old)* | |
| **Morning sessions**  **Mon – Fri 8.45-11.45am** |  |
| **Afternoon sessions**  **Mon – Fri 12.15-3.15pm** |  |
| **2 ½ days Start of the week**  **Mon & Tue 9am-3pm and Wed 8.45-11.45am** |  |
| **2 ½ days End of the week**  **Wed 12.15-3.15pm and Thur & Fri 9am-3pm** |  |
| **Full time sessions are available for parents not eligible for 30 hours and happy to pay for the sessions.**  **We can also offer 30 hours for our other sessions if you work part time and wish to use the extra hours in our extended provision. If you wish to discuss this further, please tick this box.** |  |

**2 Year Old Nursery Place**

1. **Preference of Sessions (please mark 1st,2nd 3rd choice)**

|  |  |
| --- | --- |
| **I am eligible for FEET funding**  **FEET NO …………………………………..** |  |
| **I am willing to pay for the sessions** |  |
| **Morning sessions**  **Mon – Fri 8.45-11.45am** |  |
| **Afternoon sessions**  **Mon – Fri 12.15-3.15pm** |  |
| **2 ½ days Start of the week**  **Mon & Tue 9am-3pm and Wed 8.45-11.45am** |  |
| **2 ½ days End of the week**  **Wed 12.15-3.15pm and Thur & Fri 9am-3pm** |  |
| **Fulltime**  **Mon – Fri 9am -3pm**  **(not applicable for FEET funded unless willing to pay for the additional 15 hours)** |  |

**8. Declaration of parent/guardian/carer**

I wish to apply for a place at the nursery school named overleaf. I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief. I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child. I understand that it is my responsibility to provide full information to the nursery and that I will notify them of any changes to the details on this form or accompanying evidence as soon as they occur, including any change of address.

**Signature of parent/guardian/carer Date**

**Personal Information Policy** - We respect your rights and are committed to ensure that we protect your details and the information about your dealings with us. In accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), we will use your information for the purpose of processing your application for a nursery place. We may share your information (but only the minimum amount of information necessary and only where it is lawful to do so) with Surrey County Council and other agencies (including schools, other councils, central government departments, law enforcement agencies, statutory and judicial bodies, contractors that process data on our behalf and medical advisors). We may also use and disclose information that does not identify individuals for research and strategic development purposes. You can find out more about how we manage your data on our website.